Illinois Occupational Illness and Injury Prevention Program

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Occupational Health

• Working people drive our economy
• Working conditions can adversely affect health
• Occupational health problems have substantial human and economic costs
• Occupational illnesses and injuries are preventable
Potential Role of Public Health

- Enforcement agencies: OSHA and IDOL
- Investigations of workplaces: drive changes in safety & health policy/practice
- Analyses of health related datasets: identify adverse conditions & injury sentinels
- Consider/reach vulnerable populations (immigrants, teens, small businesses)
- Integrate activities with other agencies
Goal today

• Increase awareness of occupational health—current and potential efforts--in Illinois

• Discuss gaps and opportunities for collaboration between IDPH, UIC-SPH, other agencies and non-profits in the State
  • Reduce workplace injuries and illnesses
  • Improve the health the of working public
Illinois

- 12.9 million people
- 5th most populous state
- ~6 million employed
- 65% of pop is aged 18-64
- Largest cities
  - Chicago (3 million)
  - Aurora (180,000)
  - Rockford (156,000)
  - Joliet, Naperville, Peoria
Illinois: % Employment by Economic Sector, October 2012

- **Services**: 41.3%
- **Trade/transport/utilities**: 18.7%
- **Government**: 13.7%
- **Other**: 7.5%
- **Manufacturing**: 9.9%
- **Construction, Mining**: 3.1%
- **Agriculture**: 5.6%
- **Mining**: 0.2%

(All percentages rounded to one decimal place)

Bureau of Labor Statistics. **IDPH Occupational Disease Registry collects this.**


Per 100,000 FTE
Illinois Occupational Injury and Illness Prevention Program (IOIPP)

- Successful application to CDC/NIOSH*, begun in July 2010
  “Fundamental State-Based Surveillance”
- UIC-SPH-EOHS - bona fide agent of IDPH
- Established interagency agreements to get data
  - UIC-SPH + IDPH
  - UIC-SPH + IWCC

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Goal of IOIPP

Prevent workplace injuries and illnesses in the State

• Assemble CSTE Occ Health Indicators (20)
• Use state databases for occup surveillance
• Provide analyses to target interventions
• Partner with stakeholders to implement preventive measures
Statewide Databases

• Trauma registry--IDPH
• EMS Prehospital--IDPH
• Hospital Discharge data—IHA→U of I Hospital
• Outpatient Discharge data (collection in IL begun in 2009)—IHA→U of I Hospital
• Poison Center Data—Illinois Poison Center
• First Reports of Occup Injury/Illness--IWCC
• Workers compensation claims--IWCC
Welcome

The Illinois Center for Injury Prevention serves the Midwest as a resource for injury research and prevention.

Sign Up For Updates

Sign up for regular updates that include annual reports, recent research, and up-to-date fact sheets. Sign me up!

Contact Us

Workplace

Workplace injuries claim the health, well-being, productivity and lives of humans every year. Low wage workers, teens and older workers, immigrants and people disproportionately affected by these injuries. At the Illinois Center for Injury Prevention we conduct general injury research, intervention studies and training to prevent occupational injuries, illnesses and fatalities.

Community

Injury and violence are leading causes of death and disability among children. We conduct general injury research, intervention studies and training with the goal of making the community and on the roads.

See What’s New

Most Visited
Reports
Invited Presentations

• Occupational Amputations in Illinois
  [invited lecture at conference sponsored by NIOSH and BLS: Putting Workers Compensation Data to Use; June 2012; also presented to the Illinois Department of Labor and to Illinois Workers Compensation Commission, separately]

• Data Linkage in Occupational Health
  [presented at Workers Compensation Data Usage summit sponsored by NIOSH/BLS; June 2009]
Stakeholders Group

- **IDPH** (Jayneece Bostwick→Van Trinh Nguyen)
- **IDOL** (Cheryl Neff)
- **IWCC** (Sue Piha)
- **OSHA Calumet City** (Gary Anderson)
- **OSHA DesPlaines Office** (Diane Turek)
- **OSHA Region 5** (Michael Connors→Nick Walters)
- **Cook County Bureau of Health Services** (Linda Murray)
- **Stroger Hospital** (Anne Krantz)
- **Interfaith Worker Justice** (Kim Bobo)
- **Arise Chicago** (Adam Kader)
- **Latino Union** (Eric Rodriguez)
- **UIC Faculty** (Lee Friedman, Linda Forst, Sherry Brandt-Rauf)
- **UIC Students** (Lisa Duran, Peter Ruestow, Colin Krupczak)
Stakeholders Meetings

• Spring 2011: Ethics of data from Trauma Registry with OSHA to trigger investigations
• Fall 2012: Amputations in Illinois
Service to Illinois: IDPH

- Cleaned entire Trauma Registry
- Reported data from Trauma Registry
- Served on EMS/Trauma strat. planning
- Assisted with gen injury strat planning
- Applied for CSTE funding for Epid Fellow, 2012 (unsuccessful); 2013 (pending)
- Applied for HRSA Prev Med training, residency slots at Stroger, UIC, IDPH (pending)
Service to Illinois: IWCC

• Reviewed workers comp First Reports to determine potential use for occupational injury prevention
• Prepared prospectus for web-based reporting (scope of work required, budget)
• Reviewed specific clinical cases to advise IWCC
• Testified on new Workers Compensation law (2009)
• Provided training to new Arbitrators
Service to Illinois: CCDPH

- Analyzed trauma registry data and reported on trauma system utilization in S. Cook County
Service to Illinois: CDPH

- Contributed environmental determinants of health to the community health assessment of Chicago neighborhoods
Service to Illinois: CMS & Attorney General

- Ergonomic investigation of Menard Correctional Facility
- Reported on workers compensation claims at Menard Correctional Facility
- Environmental Health Risk Assessments
Service: OSHA/IDOL

• Provided construction injuries from workers comp data to OSHA (with permission from IWCC)

• IDOL: presented amputations data from the trauma registry, work comp data, hospital discharge showing that the repeat offenders and the worst injuries were among workers employed by temporary employment agencies and the State of Illinois (both under the enforcement purview of IDOL); working on interagency agreement with SPH and IDOL to collaborate on intervention work


Unpublished: occupational injuries in automobile manufacturing in Illinois
Number of occupational amputation cases in Illinois by source, 2000-2007.
Workers Comp Claims, N=2344

• **Males**: 88.8%
• **Ages 25-54**: 70.4%
• **Married**: 54%
• **1+ dependents**: 36.9%; 11.2% ≥3 dependents
• **Wages**: Median weekly: $500
  Interquartile wage: $347 - $736
• **Pro se**: 52.6% (all other claims, 18%)
Amputation Details re: employers

- Top 10 employers with the most amputations
  - 5 employment service or temp employment agencies
  - Food manufacturers
  - State of Illinois
  - Heavy manufacturing
  - Grocery store chain

- Employers w highest number of major amputations
  - State (n=8; 5 arm or hand, 3 leg)
  - One temp agency (n=6; 4 arm or hand; 2 leg)
  - Two heavy manufacturers (n=9; 6 arm or hand; 2 leg; 1 foot)
  - One food manufacturer (n=4; 4 arm or hand)
  - One waste disposal company (n=3; 3 arm or hand)


Friedman LS. Dose-response relationship between in-hospital mortality and alcohol following acute injury. Alcohol. 2012 Dec;46(8):769-75

Ideas for Collaborative Work

- Conduct preventively oriented investigations of workplace deaths
- Establish training on prevention for firefighters, police, first responders
- Work on policy issues, eg, pesticide labeling
- Provide data to OSHA to target enforcement
- Partner with community stakeholders
Brainstorm

• What is IDPH’s agenda on Occupational Health?
• What does this work mean for IDPH? How can it be helpful?
• What are challenges facing IDPH? UIC?
• How can this work be changed to better meet IDPH’s needs/goals?